

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34824

State File No. _____

Registrar's No. 108

NOV 6 1943 133

Registration District No. _____

Primary Registration District No. 5486

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Martinsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home in Martinsville 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire life
years, months or days)

3. (a) PRINT FULL NAME OTIS EDGAR O'NEAL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Missie O'Neal 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Oct 5 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 25 hr. min.

9. Birthplace Martinsville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Day Labor

11. Industry or business _____

12. Name Charles O'Neal
13. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Mary Crang
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Missie O'Neal

(b) Address Martinsville

17. (a) Burial (b) Date thereof Oct 1 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highwell Cemetery

18. (a) Signature of funeral director W. G. Noble

(b) Address West Assumption Mo.

19. (a) Oct 5-1943 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison
(c) City or town Martinsville
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1943 hour 10 minute 2 a.m.

21. I hereby certify that I attended the deceased from 7/22/43 1943, to Sept 28 1943,
that I last saw him alive on Sept 23 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis Duration 1 yr.

Due to _____

Due to _____

Other conditions 92 d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature C. I. Pray (M.D. or other) _____

Address Albany, Mo. Date signed 10-4-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....*me*....., Registered Apprentice No.....
working under my personal supervision.

Signed *W. G. Noble*.....

Licensed Embalmer No. *2904*.....

P. O. Address *New Hampton*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.